H.B. 135 Ohio House Unanimously Approves Bill to Help Patients

On March 30, the Ohio House voted without <u>opposition (86-0)</u> to approve HB 135, legislation supported by over 60 patient advocacy and health care provider groups that will address the ongoing discriminatory and unpredictable practices of health plans and PBM's regarding mandated, rising out-of-pocket expenses for patients. This important bipartisan legislation is sponsored by Representatives Susan Manchester (R-Waynesfield) and Thomas West (D-Canton).

Background

When it comes to medication coverage, health plans continue to shift the cost burden to patients through:

- High deductible or co-insurance;
- Multi-tiered formularies with specialty drugs in the highest cost-sharing category.

Many drug manufacturers, as well as health foundations and charities help patients with assistance programs that cover additional costs patients are required to pay. These programs are critical for patients with chronic, complex conditions. Co-pay or third-party assistance programs can include cash funding, as well as co-pay cards that patients use to cover out-of-pocket costs.

Why is it crucial that HB 135 pass?

HB 135 simply directs health plans and PBM's to apply all methods of third-party financial assistance by either the patient or on the patient's behalf (through some form of assistance program) to their mandated cost-sharing obligation.

Insurance companies are refusing to count co-pay assistance payments toward patients' deductibles. While each insurer has their own name for these policies, they are commonly referred to as "co-pay accumulator adjustments." Patients are required to pay an increasing amount of out-of-pocket money at the beginning of their plan year before the plan provides coverage. By not counting the assistance toward a patient's cost-sharing, plans target those who need help. Even more disturbing is that accumulator adjustment programs double-dip. The plans keep the assistance payment in addition to any co-pays paid directly by the patient while in the deductible phase.

What HB 135 DOES NOT do!

While HB 135 assists patients in meeting their ever-rising out-of-pocket expenses, it is also crucial to identify what this important legislation DOES NOT do:

- Prohibit the use of generic medications by the health plans or PBM;
- Raise Health Care Premiums for Employers;
- Require any health plan or PBM to cover a specific drug if third-party assistance is utilized by the patient;
- Interfere with a health plan from managing its drug coverage as it does under current law (HB 135 only requires that the value of third-party assistance from other sources be applied to reducing those out-of-pocket expenses).

Please support this legislation that helps patients

Ohioans need health insurers to count ALL payments and not discriminate against those patients living with a chronic condition or battling a life-threatening illness. When patients share of prescription costs becomes too high, many may skip doses or stop taking medication entirely, leading to higher medical costs down the road, in terms of hospitalizations, ER visits, and long-term health issues.

15 states and Puerto Rico have passed patient protection laws by addressing copay accumulator policies. More than a dozen other states have pending legislation. This law is compliant with federal regulations.



The following organizations support efforts to stop discriminatory policies:

American Association of Clinical Urologists **AIMED Alliance** Allergy & Asthma Network Alliance for Patient Access American Autoimmune Related Diseases Association American Cancer Society Cancer Action Network American Diabetes Association Arthritis Foundation American Heart Association American Kidney Fund American Liver Foundation American Society of Clinical Oncologists American Urological Association Association of Women in Rheumatology BioOhio **Cancer Support Community Central Ohio Chronic Care Policy Alliance Chronic Disease Coalition Coalition of State Rheumatology Organizations Community Oncology Alliance Crohns & Colitis Foundation** Crohn's Colitis Foundation - Central Ohio **Epilepsy Foundation Equitas Health Gaucher Community Alliance Global Healthy Living Foundation HIV+HEP Policy Institute Immune Deficiency Foundation** Infusion Access Foundation Little Hercules Foundation Lupus and Allied Diseases Association, Inc. Mental Health & Addiction Advocacy Coalition Mental Health America of Ohio National Alliance on Mental Illness - Ohio

National Eczema Association National Hemophilia Foundation National Infusion Center Association National Multiple Sclerosis Society National Organization for Rare Disorders National Organization of Rheumatology Managers National Psoriasis Foundation Northern Ohio Hemophilia Foundation **Ohio Academy of Family Physicians Ohio Academy of Nutrition and Dietetics** Ohio Association of Rheumatology **Ohio Bleeding Disorders Council** Ohio Chapter, American Academy of Pediatrics Ohio Chapter of American College of Cardiology Ohio Chapter of the National Association of Pediatric **Nurse Practitioners Ohio Dermatological Association** Ohio Foot and Ankle Medical Association **Ohio Gastroenterology Society Ohio Hematology Oncology Society** Ohio Osteopathic Association **Ohio Pharmacists Association Ohio Psychiatric Physicians Association Ohio Psychological Association** Ohio Sickle Cell and Health Association **Ohio State Grange Ohio State Medical Association** Pharmacists United in Truth & Transparency Pompe Alliance **Rare Action Access Project** Spondylitis Association of America Susan G. Komen Foundation The AIDS Institute The Academy of Medicine of Cleveland and Northern Ohio

- Copay assistance ensures that patients with expensive, chronic conditions can afford their medicines even with the growing out-of-pocket costs that insurers require. Copay accumulator adjustment policies remove that safety net. In 2022, 9 out of 10 payers in Ohio have discriminatory copay accumulators programs.¹
- Research from The AIDS Institute indicates that state laws requiring issuers and PBMs to include copay assistance toward a beneficiary's cost-sharing responsibility are not causing premium rates to increase across the board.²

¹ The AIDS Institute, *"Discriminatory Copay Policies Undermine Coverage for People with Chronic Illness,"* 2022, <u>https://aidsinstitute.net/documents/final_TAI_2022-Report-Update_020122.pdf</u>

² The AIDS Institute, 2021 Health Plan Premium Rate Change Analysis: Arizona and Virginia, (February, 2021), https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:e00e2bb0-8c90-3913-a3b5-7e71d626b728